

## **DEPARTMENT OF SOCIAL SERVICES**

### **Notice of Proposed Medicaid State Plan Amendment (SPA)**

#### **HIPAA Billing Code and Reimbursement Update - Medical Equipment, Devices and Supplies (MEDS) (SPA 16-007)**

The State of Connecticut Department of Social Services (DSS) proposes to submit the following amendment to the Medicaid State Plan to the Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health and Human Services (HHS).

#### Changes to Medicaid State Plan

Effective on or after March 1, 2016, Medicaid State Plan Amendment (SPA) 16-007 will amend Attachment 4.19-B of the Medicaid State Plan in order to revise the DSS fee schedule for Medical Equipment, Devices and Supplies (MEDS). Changes include the addition, pricing, and deletion of codes and changes to code descriptions on the MEDS fee schedule consistent with Healthcare Common Procedure Coding System (HCPCS) updates to ensure that this fee schedule remain compliant with the Health Insurance Portability and Accountability Act (HIPAA). This SPA also changes the quantities on several medical surgical supply procedure codes. However, additional quantities that are medically necessary can be overridden with prior authorization.

#### Fiscal Information

Although the fiscal impact is still being determined, based on information that is available at this time, DSS does not anticipate that the following changes will result in a significant impact to annual aggregate expenditures: the addition, pricing, and deletion of codes and changes to code descriptions on the MEDS fee schedule consistent with HCPCS updates. This SPA also changes the quantities on several medical surgical supply procedure codes. However, additional quantities that are medically necessary can be overridden with prior authorization. At this time, the fiscal impact has not yet been determined, but it is expected to be minimal.

#### Information on Obtaining SPA Language and Submission of Comments

In accordance with federal Medicaid requirements, upon request, DSS will provide copies of the proposed SPA. Copies of the proposed SPA may also be obtained at any DSS regional office and on the DSS website: <http://www.ct.gov/dss>. Go to "Publications" and then "Updates".

Written, phone, and email requests should be sent to Ginny Mahoney, Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5145, Fax: 860-424-5799, Email: [ginny.mahoney@ct.gov](mailto:ginny.mahoney@ct.gov)). Please reference "SPA 16-007: HIPAA Billing Code and Reimbursement Update - Medical Equipment Devices and Supplies (MEDS)". Members of the public may also send DSS written comments about this SPA. Written comments must be received at the above contact information no later than March 9, 2016.

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

## (7) Home Health Services –

(a) Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area are provided with limitations.

(b) Home health aide services provided by a home health agency with limitations.

(d) Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility are provided with limitations.

The fee schedule for licensed home health care agencies for service (a), (b), and (d) above can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: [www.ctdssmap.com](http://www.ctdssmap.com). From this web page, go to “Provider,” then to “Provider Fee Schedule Download.” Home health service rates were set as of January 1, 2015 and are effective for services on or after that date. Rates are the same for private and governmental providers and are published on the agency’s website. Any fee payable to a home health care agency may qualify for an add-on to the standard fee for the applicable home health service upon application by the agency evidencing extraordinary costs associated with (1) treating AIDS patients; (2) high risk maternal child health care; (3) escort security services or (4) extended hour services. The provider must complete the appropriate application form showing the incremental costs that the agency incurs for the service. The allowable added cost is divided by all projected visits with and without the additional special circumstance (i.e., 1, 2, 3 or 4 above). The Department may add or delete codes in order to remain compliant with HIPAA. In no case will the fee paid to an agency exceed the agency charge to the general public for similar services

(c) Medical supplies, equipment and appliances suitable for use in the home – The current fee schedule was set as of March 1, 2016 and is effective for services provided on or after that date, except that codes may be deleted or added in order to remain compliant with HIPAA. The fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: [www.ctdssmap.com](http://www.ctdssmap.com). From this web page, go to “Provider,” then to “Provider Fee Schedule Download.” All governmental and private providers are reimbursed according to the same fee schedule.

## (8) Private duty nursing services – Not provided.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

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(b) Prosthetic devices

Except as otherwise noted in the plan, payment for these services is based on state-developed fee schedule rates, which are the same for both governmental and private providers of prosthetic devices. The agency's rates were set as of March 1, 2016 and are effective for services rendered on or after that date. The fee schedule is subject to periodic adjustment. All rates are published on the agency's website at [www.ctdssmap.com](http://www.ctdssmap.com). Select "Provider," then select "Provider Fee Schedule Download."

(c) Eyeglasses

Except as otherwise noted in the plan, payment for these services is based on state-developed fee schedule rates, which are the same for both governmental and private providers of eyeglasses. The agency's rates were set as of 7/1/2008 and are effective for services rendered on or after that date. The fee schedule is subject to periodic adjustment. All rates are published on the agency's website at [www.ctdssmap.com](http://www.ctdssmap.com). Select "Provider," then select "Provider Fee Schedule Download."

(d) Hearing aids – The price allowed shall be the actual acquisition cost of the hearing aid(s) to the provider, not to exceed the applicable rates on the Medical Equipment, Devices, and Supplies fee schedule, which are published on the agency's website at [www.ctdssmap.com](http://www.ctdssmap.com). Select "Provider," then select "Provider Fee Schedule Download."